

Fairfield Housing Authority
823-B Jefferson Street
Fairfield, California 94533-5592

(707) 428-7392 / FAX (707) 425-0512 / TDD (707) 428-7674

Request for Care Attendant / Live-in Aide

Request made by:

Name _____ Telephone # _____

Address _____

Please answer the following questions:

1. Which family member requires a live-in aide? _____

2. Explain how a live-in aide is essential to the care and well being of this family member:

3. Is the live-in aide needed: ☐ full-time or ☐ part-time?

If part-time, what hours of the day? From _____ to _____

4. List any qualified health professionals who can verify the need for a live-in aide.

Name / Title _____ Phone # _____

Name / Title _____ Phone # _____

5. What is the current address of the proposed live-in aide?

Street City/State Zip code

6. What is the previous address of the proposed live-in aide?

Street City/State Zip code

7. How much will the live-in aide be paid? \$_____ per _____

8. Is the proposed live-in aide a relative?[☐] yes [☐] no

I certify that the information contained herein is true and correct.

Signature: _____ Date: _____

WARNING! Title 18 Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.